

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06952

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years 6 weeks and 40 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 3 years 6 months & 40 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME
Carroll Lee Brewington, Sr.

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife 2 times last one Anne Bounds
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) March 20, 1976
8. AGE: Years 70 Months 4 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Salisbury, Maryland
(Town, county, and state)
10. Usual occupation unknown
11. Industry or business

FATHER
12. Name William L Brewington
13. Birthplace Salisbury Maryland
MOTHER
14. Maiden name Lottie White
15. Birthplace Salisbury Maryland

16. Informant Carroll Lee Brewington Jr. (son)
Address 206 N Park Drive Salisbury, Md.

17. Burial Date thereof 7-26-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Parsons cemetery
Location Salisbury Md

18. Funeral director The Hill Funeral Home
Address Salisbury Md

19. July 25 19 46 John M. [Signature]
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 19 46 at 11:15 P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20 19 43 to July 23 19 46
and that I last saw him alive on July 23 19 46

Immediate cause of death _____ DURATION
Genreal And Cerebral Arteriosclerosis
Due to Hypertensive 10 yr
Cardia-vascular disease
Due to _____
Other conditions Psychosis with Cerebral Art
Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other _____
Address [Signature] Date signed July 24/46

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 26 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH ★

Reg. Dist. No. 06953 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambury
(If outside city or town limits, write RURAL and give nearest town)Street No. 4 Wright St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Daisy Cephas

3. (b) Social Security Number

4. Sex female5. Color or race col6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Uttis Cephas6. (c) If alive, give age 58 years7. Birth date of deceased (mo., day, yr.) June 12 18948. AGE: Years 52 Months 0 Days 28 It less than one day
.....hrs.min.9. Birthplace Cambury Md
(Town, county, and state)10. Usual occupation housework

11. Industry or business

12. Name Thomas Jefferson13. Birthplace Aurlock Md14. Maiden name Rosa Wilson15. Birthplace Cambury Md16. Informant Dion CephasAddress Cambury17. Burial Date thereof July 14 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wauke CemeteryLocation Cambury Md18. Funeral director Wm St ClairAddress Cambury Md19. 7-12-46 19 46 John Mearns
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 19 46 at 10:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 19 46 to July 10 19 46and that I last saw him alive on July 10 19 46Immediate cause of death Pulmonary EdemaCoronary AtherosclerosisDue to Ch. Myocarditis

Due to

Other conditions see Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Carol M St Clair MD

M. D. or other

Address Ch. H. St. Clair St Date signed 7-11-46

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JUL 15 1946
BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

 ★ 06954
 Reg. Dist. No. 116

1. PLACE OF DEATH: County... <u>Dorchester</u> City or town... <u>Cambridge</u> (Rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... <u>year</u> Hospital, institution, or street address where death occurred: <u>Castle Haven Road, R.F.D.#3</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Dorchester</u> City or town... <u>Cambridge</u> (Rural) (If outside city or town limits, write RURAL and give nearest town) Street No... <u>R.F.D.#3</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Isaiah Chester</u>				3. (b) Social Security Number			
4. Sex <u>male</u>		5. Color or race <u>colored</u>		6. (a) Single, married, widowed, or divorced <u>widowed</u>			
6. (b) Name of husband or wife ... <u>Ida Mortimer</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>February - 1881</u>				8. AGE: Years <u>65</u> Months <u>5</u> Days <u>x</u> If less than one dayhrs.min.			
9. Birthplace ... <u>Maryland</u> (Town, county, and state)				10. Usual occupation ... <u>Laborer</u>			
11. Industry or business ... <u>Farm</u>				12. Name ... <u>William H. Chester</u>			
13. Birthplace ... <u>Md.</u>				14. Maiden name ... <u>Nancy Morris</u>			
15. Birthplace ... <u>Md.</u>				16. Informant ... <u>Wm. H. Chester (brother)</u> Address... <u>Cambridge, Md. R.F.D.#3</u>			
17. (Burial, cremation, or removal, Which?) ... <u>Cremation</u> Date thereof... <u>July 28</u> (month) (day) (year) Cemetery or crematory... <u>Crematory</u> Location... <u>Levittown</u>				18. Funeral director ... <u>Levittown</u> Address... <u>Cambridge</u>			
19. (Date rec'd by registrar) ... <u>July 28, 1941</u>				20. (Date of death) ... <u>July 25, 1946</u>			
MEDICAL CERTIFICATION							
20. DATE OF DEATH ... <u>July 25</u> 19 <u>46</u> at <u>5-55P.</u> M.							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>x</u> 19....., to..... <u>x</u> 19..... and that I last saw h..... alive on..... <u>x</u> 19.....							
Immediate cause of death ... <u>Cerebral Haemorrhage</u>							
DURATION ... <u>10 hrs.</u>							
Due to ... <u>x</u>							
Due to ... <u>x</u>							
Other conditions ... <u>x</u>							
(Include pregnancy within 3 months of death)							
Major findings of operations							
Date of op.							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following:							
Accident, suicide, or homicide..... Date of							
Where did injury occur? (City or town) (County) (State)							
Injured at home, farm, industry, public place (where?)							
Means of injury Injured at work?							
23. SIGNATURE ... <u>J. K. Shriver, Dep. Med. Exam.</u>							
M. D. or other							
Address... <u>Cambridge, Md.</u>							
Date signed... <u>7/26/46</u>							

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JUL 30 1946

BUREAU V. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlen St., Baltimore 131-a

06955

CERTIFICATE OF DEATH

Reg. Dint. No. 116

1. PLACE OF DEATH: Horshester
 County.....Cambridge
 City or town.....(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 years
 Hospital, institution, or street address where death occurred:
Talbot ave.
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
Maryland County.....Horshester
 State.....Cambridge, Md.
 City or town.....(If outside city or town limits, write RURAL and give nearest town)
Talbot ave.
 Street No.....(If rural, give LOCATION)
 2.(d) If veteran, name war none

3. (a) FULL NAME Jackson Robert Cromister 3. (b) Social Security Number 214-07-7099

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Marion Mattem

7. Birth date of deceased (mo., day, yr.) Nov 2-1886 8. (c) If alive, give age 56 years

8. AGE: Years 59 Months 7 Days 29 hrs. min.

9. Birthplace Center County, Penna.
 (Town, county, and state)

10. Usual occupation Retired Water Supply

11. Industry or business Co. Manager

12. Name Dallas Cromister

13. Birthplace Pa.

14. Maiden name Nora Kelly

15. Birthplace Pa.

16. Informant Mrs. J. R. Cromister

Address Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof July 4-1946
 (month) (day) (year)

Cemetery or crematory 3rd. Haven Meeting House

Location Easton, Md.

18. Funeral director Kenneth R. Thomas

Address Cambridge, Md.

19. Date rec'd by registrar July 3rd 46 Registrar J. M. Moseley

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 19 46, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 23 19 42, to Aug 1 19 46, and that I last saw him alive on Aug 1, 1946

Immediate cause of death uremic coma

DURATION 3 days

Due to arteriosclerotic cardiac

vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Antopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge Hedgcock M.D. or other

Address Cambridge, Md. Date signed 7-3-46

RECEIVED

JUL 5 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Reg. Dist. No. 06956 111

1. PLACE OF DEATH:

County Dorchester
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? One Day
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County
 City or town
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Julius W. Deshauds

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Mrs Julius W. Deshauds
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) April 17 - 1883
 8. AGE: Years 53 Months 3 Days 16 If less than one day
 hrs. min.

9. Birthplace South Carolina
 (Town, county, and state)
 10. Usual occupation Manufactures of Co. meters
 11. Industry or business "Deshauds"
 12. Name Charles Deshauds
 13. Birthplace South Carolina
 14. Maiden name Minnie Brown
 15. Birthplace South Carolina

16. Informant Mrs Julius W. Deshauds
 Address 5731 Race St. Philadelphia
 17. Burial Date thereof July 18 - 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cemetery
 Location Philadelphia

18. Funeral director H. H. Willoughby, Son
 Address East New Market, Md.

19. July 17 19 46 Elizabeth C. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 19 46 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 19 46 to July 16 19 46
 and that I last saw him alive on July 16 19 46
 Immediate cause of death Coronary Thrombosis DURATION 15 minutes

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE William C. Harrison MD M. D. or other
Hurlock Md. Date signed 7/16/46
 Address

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JUL 18 1966
BUREAU OF AERONAUTICS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(73-1)

06957

CERTIFICATE OF DEATH

Reg. Dist., No. 116

1. PLACE OF DEATH:
 County..... Dorchester
 City or town..... Rural near Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 1 yr. 1 mon. 9 ds.
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hosp.
 How long in hospital or institution?..... 1 yr. 1 mon 9 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Dorchester
 City or town..... Rural near Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

John Wesley Dunn3. (b) Social Security Number
none

4. Sex..... Male
 5. Color or race..... White
 6. (a) Single, married, widowed, or divorced..... Widowed
 6. (b) Name of husband or wife..... Maggie Parrott
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... December 26 1862
 8. AGE: Years..... 83 Months..... 6 Days..... 6 If less than one day..... hrs. min.

9. Birthplace..... Dorchester County Maryland
 (Town, county, and state)
 10. Usual occupation..... Farmer
 11. Industry or business.....

12. Name..... James Dunn
 13. Birthplace..... Unknown
 14. Maiden name..... Unknown
 15. Birthplace..... Unknown

16. Informant..... Hospital Records
 Address..... Cambridge, Maryland

17. Burial Date thereof..... July 25, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Cemetery
 Location..... East New Market
H. C. Wilbushy

18. Funeral director.....
 Address..... East New Market

19. 7-5-46 19 46 John Mace Jr. M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 2 19 46 at 9:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 23 19 45 July 2 19 46
 and that I last saw him alive on July 2 19 46

Immediate cause of death.....
Arteriosclerotic cardiac dis.

DURATION

Due to..... General and Cerebral Arteriosclerosis

Due to..... Senility

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Guy M. Marmorek
 M. D. or other

Address..... Cambridge Date signed..... 7/2/46

RECEIVED

JUL 8 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 58

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester
City or town.....Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Cambridge Md. Hospital
How long in hospital or institution? 1 month

3. (a) FULL NAME

Addie Jeanette Elliott

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Marion Elliott

7. Birth date of deceased (mo., day, yr.)

March 8 - 1891

8. AGE:

55

Years

4

Months

Days

If less than one day

1

hrs.

min.

9. Birthplace

Dorchester Co.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

David L. Teach

12. Name

Warren Co., Va.

13. Birthplace

Adele F. Feldman

14. Maiden name

Shenandoah Co., Va.

15. Birthplace

Marion Elliott

16. Informant

Elliott, Md.

Address

Burial

17. (Burial, cremation, or removal. Which?)

7-11-46

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge Md.

18. Funeral director

Kenneth P. Shoup

Address

Cambridge, Md.

19. (Date rec'd by registrar)

7-11-46John M. ...

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....DorchesterCity or town.....Cambridge, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

none

(If rural, give LOCATION)

2. (a) If veteran, name war

none

MEDICAL CERTIFICATION

20. DATE OF DEATH.....July 9 1946, at.....A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 1946 to July 9 1946and that I last saw him/her alive on July 9 1946

Immediate cause of death

Cachexia

DURATION

Metastatic adenocarcinomaBreast1 year

Due to.....

Due to.....

Other conditions.....Structure Descending?clean

(Include pregnancy within 3 months of death)

Major findings of operations.....AdenocarcinomaDuctalDate of op. 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....no

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

no23. SIGNATURE.....J. J. ...Address.....Cambridge Md.

M. D. or other

Date signed July 10, 1946

RECEIVED
JUL 15 1946
BUREAU V.S.

1946
JUL 15
2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-5

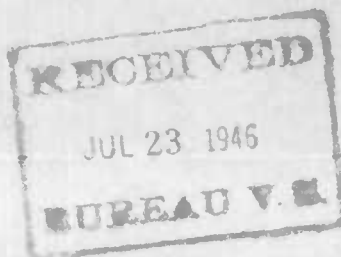
CERTIFICATE OF DEATH

Reg. Diat. No. 116

06959

116

1. PLACE OF DEATH: County.....Dorchester City or town.....Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.....several years Hospital, institution, or street address where death occurred: Pine St., extended How long in hospital or institution?.....X				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State.....Maryland.....County.....Dorchester City or town.....Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No.....Pine St., extended (If rural, give LOCATION) 2.(a) If veteran, name war.....X			
3.(a) FULL NAME Luke Felton				3.(b) Social Security Number			
4. Sex male		5. Color or race colored		6.(a) Single, married, widowed, or divorced married			
6.(b) Name of husband or wife.....Sadie Williams				6.(c) If alive, give age.....45.....years			
7. Birth date of deceased (mo., day, yr.) 1898							
8. AGE: Years 48		Months X		Days X		If less than one dayhrs.min.	
9. Birthplace.....North Carolina (Town, county, and state)							
10. Usual occupation.....Laborer							
11. Industry or business.....Farm							
FATHER		12. Name.....X					
		13. Birthplace.....N. Car.					
MOTHER		14. Maiden name.....X					
		15. Birthplace.....N. Car.					
16. Informant.....Sadie Felton Address.....Pine St. - Cambridge, Md.							
17. (Burial, cremation, or removal. Which).....Date thereof.....July 20 (month) (day) (year) Cemetery or crematory.....Cambridge Location.....							
18. Funeral director.....Lewis H. Barmen Address.....Cambridge, Md.							
19. 7/20/46.....John Maxwell, Md. (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION							
20. DATE OF DEATH.....July 15.....1946.....at 9-30P.M.							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....X.....19.....to.....X.....19.....and that I last saw h.....alive on.....X.....19.....							
Immediate cause of death.....Cerebral Haemorrhage.....DURATION.....1 day							
Due to.....X.....							
Due to.....X.....							
Other conditions.....X.....							
(Include pregnancy within 8 months of death)							
Major findings of operations.....X.....Date of op.....							
Autopsy results.....X.....							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide.....Date of..... Where did injury occur?.....(City or town).....(County).....(State) Injured at home, farm, industry, public place (where?)..... Means of injury.....Injured at work?							
23. SIGNATURE.....J. K. Shriver, Dep. Med. Exam.....M. D. or other Address.....Cambridge, Md.....Date signed.....July 16/46							



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
29 Park Lane
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 29 Park Lane
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Samuel J. Hooper

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Emma Jane Cornish
 6. (c) If alive, give age 59 years
 7. Birth date of deceased (mo., day, yr.) 1848
 8. AGE: Years 98 Months X Days X If less than one dayhrs.min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business Farm
 12. Name John Hooper
 13. Birthplace Maryland
 14. Maiden name Mary Chase
 15. Birthplace Maryland

16. Informant Emma Jane Hooper
 Address 29 Park Lane, Cambridge, Md.
 17. Taylor is buried Date thereof July 12, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Taylor is buried
 Location
 18. Funeral director Levitt Bayne
 Address Cambridge, Md.
 19. 7/19/46 John Mace Jr. M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 19 46, at 7-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 to
 and that I last saw him alive on
 Immediate cause of death Chronic Myocarditis
 DURATION several years

Due to X
 Due to X
 Other conditions X
 (Include pregnancy within 3 months of death)
 Major findings of operations X
 Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 Signature Jo. K. Shriver, Dep. Med. Exam.
 M. D. or other
 Address Cambridge, Md. Date signed July 18, 1946

RECEIVED

JUL 23 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06960

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County **Eastern Shore State Hospital**
 City or town **Cambridge, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **4 1/2 Months**
 Hospital, institution, or street address where death occurred:
E.S.S. Hosp.
 How long in hospital or institution? **4 1/2 Months**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Dorchester**
 City or town **Reids Grove**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME **Roland Howeth**

3.(b) Social Security Number _____

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Divorced**
 6.(b) Name of husband or wife **Lula Short**
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) **Feb. 27, 1878**
 8. AGE: Years **68** Months **4** Days **6** If less than one day _____ hrs. _____ min.

9. Birthplace **Dorchester County, Maryland**
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business **Storekeeper**

12. Name **Henry Clay Howeth**

13. Birthplace **Dorchester County, Md.**

14. Maiden name **Ordella Murphy**

15. Birthplace **Dorchester County, Md.**

16. Informant **Eastern shore State Hospital**

Address **Cambridge, Maryland**

17. **Burial** Date thereof **July 9-1946**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Mc Church Cemetery**

Location **Reids Grove, Md.**

18. Funeral director **Kenneth R. Thomas**

Address **Cambridge, Md.**

19. **July 9, 1946** Registrar **John Murphy, Md.**
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 3, 1946** at **4:45 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Feb. 16, 1946** to **July 3, 1946**
 and that I last saw him alive on **July 3, 1946**

Immediate cause of death **Carcinoma of left Cheek and Maxilla with Metastasis**

DURATION

7 Mo.

Due to _____

Due to _____

Other conditions **Arteriosclerotic Cardiovascular Disease** **7 Years**

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE **Gu W. Burroughs** M. D. or other

Address _____ Date signed _____

RECEIVED

JUL 12 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

06961

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William A. Jenkins

3. (b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>Colored</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
6.(b) Name of husband or wife <u>Caroline Jenkins</u>		
6.(c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>March 13, 1875</u>		
8. AGE:	Years	Months
	<u>71</u>	<u>4</u>
		Days
		<u>18</u>
		It less than one day
		hrs. min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation Day laborer
 11. Industry or business Farm

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Date thereof

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. August 3

19.46

Elizabeth C Smith

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 31 1946 at 10:30 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 4 1946 to July 31 1946
 and that I last saw him alive on July 31 1946
 Immediate cause of death aplastic anemia
 DURATION 1 year +
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE W C Harrison MD M. D. or other
Hurlock Md Date signed 8/1/46
 Address _____

RECEIVED
AUG 8 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (352)

CERTIFICATE OF DEATH

Reg. Dist. No. 06962 17c

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... all of life
 Hospital, institution, or street address where death occurred:
R.F.D.#3
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
 City or town..... Cambridge (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... R.F.D.#3
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Alfred Kiah

3. (b) Social Security Number

4. Sex..... male 5. Color or race..... colored 6.(a) Single, married, widowed, or divorced..... widowed
 6.(b) Name of husband or wife..... Matilda Bailey deceased
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... September 1878
 8. AGE: Years..... 67 Months..... 10 Days..... x If less than one day..... hrs. min.

9. Birthplace..... Maryland
 (Town, county, and state)
 10. Usual occupation..... Laborer
 11. Industry or business..... Farm
 12. Name..... x
 13. Birthplace.....
 14. Maiden name..... Ellen Kiah
 15. Birthplace..... Md.

16. Informant..... Willis Kiah (son)
 Address..... Cambridge, Md. R.F.D.#3

17. Burial Date thereof..... July 31 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Cemetery
 Location..... Lebanon, Md.

18. Funeral director..... Lewis H. Bayneum
 Address..... Cambridge, Md.

19. 7-31 19 46
 (Date rec'd by registrar) Registrar..... J. M. J. M.

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 28 19 46 at 6-15P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

x 19....., to..... x 19.....and that I last saw him..... alive on..... x 19.....

Immediate cause of death.....

Chronic Myocarditis

DURATION

6 mon.Due to..... xDue to..... xOther conditions..... x

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... J. H. Shriver, Dep. Med Exam.
 M. D. or other

Address..... Cambridge, Md. Date signed..... 7/28/46

RECEIVED
AUG 1 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17)

06964

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH: Dorchester
 County New Market
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME James M. Mainer

3. (b) Social Security Number

4. Sex Male 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years 44 Months 11 Days 11 It less than one day..... hrs. min.

9. Birthplace.....
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial Date thereof July 29, 1946
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge Md.

18. Funeral director Lewis H. Bayneum

Address Cambridge Maryland

19. July 26 19 46 Elizabeth Clonch
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 19 46 at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 19 46 to July 25 19 46 and that I last saw him alive on July 23 19 46

Immediate cause of death Heart Stroke

DURATION

2 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

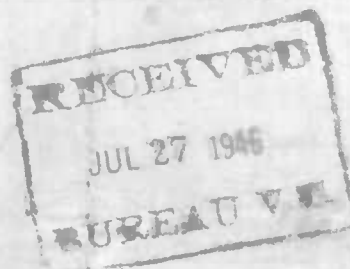
Means of injury Injured at work?

23. SIGNATURE W. E. Harrison MD

M. D. or other

Address Hurlock Md. Date signed 7/25/46

44



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46m

CERTIFICATE OF DEATH

Reg. Dist. No. 151069676

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? entire life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 211 Academy St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Laura Jane Moore

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (c) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Charles Richard Moore

7. Birth date of deceased (mo., day, yr.)

March 16 - 1861

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

8545

hrs.

min.

9. Birthplace

Cambridge R.I.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

Thomas Bradley

13. Birthplace

War Co.

14. Maiden name

Harriett Gambrell

15. Birthplace

War Co.

16. Informant

Herman M. Moore

Address

Cambridge, Md.17. Burial
(Burial, cremation, or removal. Which?)BurialDate thereof July 24 - 1946
(month) (day) (year)

Cemetery or crematory

Cambridge

Location

Cambridge, Md.

18. Funeral director

Hennrich R. Thomas

Address

Cambridge, Md.19. July 24 19 46
(Date rec'd by registrar)John Macfarlane
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st 19 46 at 7:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 19 46 to Death 19 46and that I last saw her alive on July 20 19 46Immediate cause of death Arteriosclerosismarked secondary

DURATION

7Due to Ca off 9 feet cmetastases to lymphDue to nodes of neck &abdominal lymph nodesOther conditions Stiffness of the cdephrenic nerves & intercostal

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Thompson, M.D.

M. D. or other

Address Cambridge, Md.Date signed 22 July 46

RECEIVED
JUL 25 1948
BUREAU A.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06966

Reg. Dist. No. 116

1. PLACE OF DEATH: County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>2 months</u> Hospital, institution, or street address where death occurred: <u>10 Noble St.</u> How long in hospital or institution?..... <u>X</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>10 Noble St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Jean Marie Pinder</u>				3. (b) Social Security Number			
4. Sex <u>female</u>		5. Color or race <u>colored</u>		6. (a) Single, married, widowed, or divorced <u>single</u>			
6. (b) Name of husband or wife <u>X</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>May 9, 1946</u>							
8. AGE: Years..... <u>X</u>		Months..... <u>2</u>		Days..... <u>15</u>		If less than one dayhrs.m/n.	
9. Birthplace <u>Cambridge, Md.</u> (Town, county, and state)							
10. Usual occupation <u>none</u>							
11. Industry or business <u>X</u>							
MOTHER	12. Name <u>James Johnson</u>			13. Birthplace <u>Md.</u>			
	14. Maiden name <u>Mary Marshall</u>			15. Birthplace <u>Md.</u>			
	16. Informant <u>Mary M. Pinder (mother)</u> Address..... <u>10 Noble St. - Cambridge, Md.</u>						
FATHER	17. Name <u>Bethel</u>			Date thereof <u>July 28</u>			
	(Burial, cremation, or removal. Which?) <u>Cambridge</u>			(month) (day) (year)			
	Cemetery or crematory						
Location							
18. Funeral director <u>Leah H. Baynes</u>							
Address <u>Cambridge, Md.</u>							
19. Date rec'd by registrar <u>July 28, 1946</u>							
Registrar							
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>July 24</u> 19... <u>46</u> at... <u>2-10 P.M.</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>X</u> 19... to... <u>X</u> 19... and that I last saw h..... alive on... <u>X</u> 19...							
Immediate cause of death					DURATION		
<u>Bronchitis (Acute)</u>					<u>8 days</u>		
Due to <u>X</u>							
Due to <u>X</u>							
Other conditions <u>Congenital Debility</u>					<u>X</u>		
(Include pregnancy within 8 months of death)							
Major findings of operations							
Date of op.							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following:							
Accident, suicide, or homicide..... Date of							
Where did injury occur? (City or town) (County) (State)							
Injured at home, farm, industry, public place (where?)							
Means of injury Injured at work?							
23. SIGNATURE <u>J. K. Shriver, Dep. Med. Exam</u>							
Address..... <u>Cambridge, Md.</u>							
Date signed..... <u>7/25/46</u>							

RECEIVED

JUL 30 1946

BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1600)

06967

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County City or town
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war

3.(a) FULL NAME

"Infant Girl" Poole

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Infant6.(b) Name of husband or wife 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 6, 1946.

8. AGE:

Years Months Days

If less than one day

40 min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Alton Lee Poole13. Birthplace Williamsburg, Md.14. Maiden name Thelma Barnes15. Birthplace Baltimore, Md.16. Informant Mr. A. Lee PooleAddress Cambridge, Md.17. Burial Date thereof July 6, 1946.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 7-6 19 46
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946, at 2: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 6 1946 to July 6 1946
and that I last saw him alive on July 6 1946

Immediate cause of death

Premature Baby

Due to

Placental Premia

Due to

Spontaneous abortion

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

John M. [Signature] M. D. or other
Address Cambridge, Md. Date signed 7-6-46

RECEIVED

JUL 8 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-

CERTIFICATE OF DEATH

Reg. Dist. No. 069685

1. PLACE OF DEATH:

County DorchesterCity or town Hoopersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 1/2

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hoopersville
(If outside city or town limits, write RURAL and give nearest town)Street No. near Broad Lyons street
(If rural, give LOCATION)2.(c) If veteran, name war —

3. (a) FULL NAME

Elsie Elam Ross

3. (b) Social Security Number

219-01-39014. Sex Female5. Color or race Caucasian6. (a) Single, married, widowed, or divorced single6. (b) Name of husband or wife —7. Birth date of deceased (mo., day, yr.) June 5 - 19208. (c) If alive, give age — years8. AGE: Years 26 Months 1 Days 18 If less than one day— hrs. — min.6. Birthplace Hoopersville
(Town, county, and state)10. Usual occupation Club Pickers & Cigar Shaker11. Industry or business Seafood12. Name John Albert Ross13. Birthplace Hoopersville, Md14. Maiden name Rena Harrison Travis15. Birthplace Hoopersville, Md16. Informant Rena RossAddress Hoopersville, Md17. Burial Date thereof July 25/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hoopersville, MdLocation Hoopersville, Md16. Funeral director Lewis BayneumAddress Cambridge, Md19. July 24 19 46 James D. Meade

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 19 46 at 10⁰⁵ A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 46 to July 23 19 46and that I last saw him alive on July 22 19 46Immediate cause of death Tuberculosis of Lung

DURATION

12 mraDue to —Due to —Other conditions —

(Include pregnancy within 9 months of death)

Major findings of operations —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE James D. Meade M.D. M. D. or otherAddress Fishing Creek, Md Date signed July 24/46

CERTIFICATE OF DEATH

10-55-10-515

RECEIVED
JUL 26 1946
BUREAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 452

CERTIFICATE OF DEATH



Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Woolfords
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 34 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Woolford
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Woolford
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Everett M. Shenton

3. (b) Social Security Number

220-01-8132

4. Sex Male 5. Color or race White 8.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Blanche Newberry
 6.(c) If alive, give age 57 years
 7. Birth date of deceased (mo., day, yr.) Oct. 4, 1879.
 8. AGE: Years 66 Months 9 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Church Creek, Dor. Co., Md.
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business Carpenter
 12. Name John Shenton
 13. Birthplace Maryland
 14. Maiden name Jane M. Bell
 15. Birthplace Maryland

16. Informant Mrs. Wildon Lord Jr.
 Address Laurel, Maryland
 17. Burial Date thereof Aug. 2, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Old Trinity Church Cemetery
 Location Church Creek, Maryland
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland

19. Aug 2 - 46 John Macfarland
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1946 at 6:45 P.M.
 21. I CERTIFY that death occurred on the date above stated; that it ended deceased from Jan. 1946 to July 31, 1946
 and that I last saw him alive on July 31, 1946
 Immediate cause of death Metastatic adenocarcinoma
 DURATION
 Due to Carcinoma of tongue 1 year.
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Adenocarcinoma
from the Baltimore Md. Date of op. Jan 12, 1946

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; None
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE [Signature] M. D. or other Aug 1, 1946
 Address Cambridge Md. Date signed _____

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1946
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-E

06970

CERTIFICATE OF DEATH ★

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

Worcester
Cambridge Rd.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

38

Months

0

Days

25

If less than one day

hrs. min.

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

City or town

Street No.

2. (a) If veteran, name war

County

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE

Address

Date of op.

M. D. or other

Date signed

DURATION

1 Month

Registrar

RECEIVED
JUL 15 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (732)

CERTIFICATE OF DEATH

06971

116



Reg. Dist. No.

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? X

Hospital, institution, or street address where death occurred:

Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 9 Light Street
(If rural, give LOCATION)2.(a) If veteran, name war X

3. (a) FULL NAME

CHARLES M. TODD.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Etha A. Todd6.(c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) 2-16-18778. AGE: Years 69 Months 5 Days 11 If less than one day
.....hrs.min.9. Birthplace Toddville, Md.
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name George R. Todd13. Birthplace Md.14. Maiden name Katie C. Burns15. Birthplace Md.16. Informant Mrs Wendell VickersAddress Cambridge, Md.17. Burial 7/29/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Md.18. Funeral director LeCompte Funeral ServiceAddress Cambridge, Md.19. July 29, 46 J. H. Man Jr. Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1946 at 6.40 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 22, 1946 to July 26, 1946and that I last saw him alive on July 26, 1946Immediate cause of death ethorax atherosclerosis

DURATION

6 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

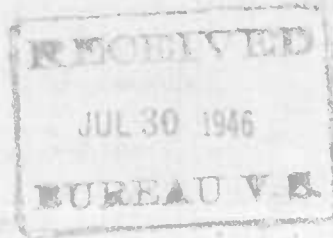
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. H. Traver M. D. or otherAddress Cambridge, Md. Date signed 7/29/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6

CERTIFICATE OF DEATH

Reg. Diat. No. 069776

1. PLACE OF DEATH:

County... Worcester
 City or town... Jaylors Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 15 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Worcester
 City or town... Jaylors Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war... none

3. (a) FULL NAME

James Albert Driess

3. (b) Social Security Number

4. Sex... Male 5. Color or race... white 6.(a) Single, married, widowed, or divorced... Widowed
 6.(b) Name of husband or wife... Elva Patrick
 6.(c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.)... October 10-1881
 8. AGE: Years... 64 Months... 9 Days... 10 If less than one day... hrs. min.

9. Birthplace... Sacramento Co.
 (Town, county, and state)
 10. Usual occupation... Farmer & Waterman
 11. Industry or business
 12. Name... James M. Driess
 13. Birthplace... Caroline Co.
 14. Maiden name... Martha E. Adams
 15. Birthplace... Worcester Co.

16. Informant... Mrs. Lottie Fluharty
 Address... Horton, Md.
 17. Burial... Bethlehem Church
 (Burial, cremation, or removal. Which?) Date thereof... 7-23-46
 (month) (day) (year)
 Cemetery or crematory... Jaylors Island
 Location... Cambridge, Md.
 18. Funeral director... Samuel R. Thomas
 Address... Cambridge, Md.

19. July 24, 46 Joan Macg. M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 20 19 46 at 9:40 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 46 to Death 19 46
 and that I last saw him alive on July 20 19 46
 Immediate cause of death... Stomach
 DURATION... 2 mos
 Due to... upper 97 obstructions 2 mos
 Due to... Ca of stomach 3
 Other conditions... metastasis to liver ?
C. Caput medusae
 (Include pregnancy within 3 months of death)

Major findings of operations...
 Date of op...
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... James W. Thompson M. D. or other
 Address... Cambridge, Md. Date signed... 27 July 46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

06973

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? year
 Hospital, institution, or street address where death occurred:
206 Race St. - A
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 206 Race St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.

3. (a) FULL NAME
John Howard Webb

3. (b) Social Security Number
215-09-3864

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Victoria Todd
 6. (c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) January 21, 1978
 8. AGE: Years 68 Months 5 Days 26 If less than one day
 hrs. m/n.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation retired
 11. Industry or business Baltimore Street Railways
 12. Name John Webb
 13. Birthplace Maryland
 14. Maiden name Fannie Warner
 15. Birthplace Maryland

16. Informant Victoria Webb
 Address 206 Race St. - Cambridge, Md.

17. Burial Date thereof July 19, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greenlawn Cemetery
 Location Cambridge, Maryland

16. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. July 18, 19 46 John Mage, Jr.
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 19 46 at 5-5 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X 19....., to X 19.....
 and that I last saw h..... alive on X 19.....

Immediate cause of death
Disease of Coronary
Arteries

DURATION

1 yr.

Due to X

Due to X

Other conditions X

(Include pregnancy within 3 months of death)

Major findings of operations X

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. R. Shivers, Dep. Med. Exam.
 M. D. or other
 Address Cambridge, Md.

..... Date signed July 18,

RECEIVED
JUL 22 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-D

CERTIFICATE OF DEATH

06974

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester County
 City or town Cambridge, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr - 9 mo. - 23 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 1 yr. - 9 mo. - 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester Co.
 City or town Cambridge,
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Glasgow Road
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Duane West

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Winona King
 6. (c) If alive, give age 69 years
 7. Birth date of deceased (mo., day, yr.) May 10, 1863
 8. AGE: Years 83 Months 2 Days 13 If less than one day
hrs.min.

9. Birthplace Pennsylvania
 (Town, county, and state)
 10. Usual occupation Grocer
 11. Industry or business
 12. Name Lucius West
 13. Birthplace North East Pennsylvania
 14. Maiden name Sarah Martha Johnson
 15. Birthplace Maryland

16. Informant Eastern Shore State Hospital Records
 Address Cambridge, Maryland
 17. Burial Date thereof July 25-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge Md.
 18. Funeral director Remoth D. Thomas
 Address Cambridge, Md.

19. July 25-46 19 46 John Mace Jr. M.D.
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1946 19 46 at 12:01 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 5 July 24 46 to July 23 19 46
 and that I last saw him alive on July 22 19 46

Immediate cause of death Cerebral Hemorrhage DURATION 4 ds

Due to Cerebral Arteriosclerosis

Due to

Other conditions Hypertensive cardiovascular disease
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other
 Address [Signature] Date signed 7/23/46

RECEIVED

JUL 26 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

06975

116

1. PLACE OF DEATH:
 County... Dorchester
 City or town... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Days
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Maryland County... Dorchester
 City or town... Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD # 3
 (If rural, give LOCATION)
 2.(a) If veteran, name war... -

3.(a) FULL NAME
Mary Agnes Wheatley

3.(b) Social Security Number
-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 B.(b) Name of husband or wife Robert H. Wheatley
 B.(c) If alive, give age 83 years
 7. Birth date of deceased (mo., day, yr.) Sept. 30, 1870
 8. AGE: Years 75 Months 9 Days 29 It less than one day
 hrs. min.

9. Birthplace East New Market, Maryland.
 (Town, county, and state)
 10. Usual occupation Domestic
 11. Industry or business Home

FATHER
 12. Name Arthur Moore
 13. Birthplace Maryland
 MOTHER
 14. Maiden name Amanda Thomas
 15. Birthplace Maryland

16. Informant Mrs. Frank Wheatley
 Address Wilmington, Delaware

17. Burial Burial Date thereof Aug. 1, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greenlawn Cemetery
 Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. August 1, 46 John Mayhew
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1946 at 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 22 1943 to July 29 1946
 and that I last saw him alive on July 29 1946

Immediate cause of death
Cerebral Hemorrhage
hyp
 Due to arteriosclerosis
generalized Cerebral
 Due to 4 yrs +

Other conditions Cardiac Failure 2 days

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op. none

Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of none
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Edw. E. McLaughlin M. D. or other
 Address Cambridge, Md. Date signed 8-1-46

RECEIVED
AUG 3 1946
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge R.F.D.#2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
Drawbridge
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge (Drawbridge)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D.#2
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Infant Willey

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife X
 7. Birth date of deceased (mo., day, yr.) July 4, 1946 6.(c) If alive, give age..... years
 8. AGE: Years X Months X Days 1 If less than one day
 hrs. min.

9. Birthplace Cambridge, Md.
 (Town, county, and state)
 10. Usual occupation none
 11. Industry or business X
 12. Name Emerson H. Willey
 13. Birthplace Dorchester Co. Md.
 14. Maiden name Nellie Lowe
 15. Birthplace Dorchester CO. Md.

16. Informant Emerson H. Willey
 Address Cambridge, R.F.D.#2
 17. Burial Date thereof July 6, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Maryland
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. July 7 - 1946
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1946 10-45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X.....19..... to X.....19.....
 and that I last saw h. X alive on X.....19.....

Immediate cause of death Atelectasis
 DURATION 1 day

Due to Prematurity 8 months

Due to X

Other conditions X

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Joel K. Shriver, Dof. Med. Exam
 23. SIGNATURE.....

Cambridge, Md. M. D. or other
 Address..... Date signed July 5/46

RECEIVED
JUL 8 1946
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

069777/16
Reg. Dist. No.

FILM No. I 06 AUG 21 1946

1. PLACE OF DEATH:

County... Dorchester County

City or town... Cambridge, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 yrs. 1 da. 7 mo.
Hospital, institution, or street address where death occurred:

How long in hospital or institution? 11 yrs. 1 da. 7 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester

City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Elvie Woodrow

3.(b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced widower

6.(b) Name of husband or wife

B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 17, 1860.

8. AGE: Years 86 Months 85 Days 6 If less than one day 23 hrs. min.

9. Birthplace Nr. Rising Sun, Maryland
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

MOTHER FATHER 12. Name John Woodrow

13. Birthplace Port Deposit, Maryland

14. Maiden name Martha Brierley

15. Birthplace Rising Sun, Maryland

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof Aug 3-'46
(Burial, cremation, or removal, which?) (month, day) (year)

Cemetery or cremator Eastern Shore State Hospital

Location Cambridge Md.

18. Funeral director Kenneth R. Thomas

Address Cambridge Md.

19. Aug 8- 46 John Macfarland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 46 at 10:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 29 19 35 to July 29 19 46
and that I last saw him alive on July 29 19 46

Immediate cause of death arteriosclerotic cardio-vascular disease DURATION 2 years

Due to

Due to

Other conditions decubitous ulcers 3 mo.

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 7/30/46

RECEIVED
AUG 10 1946
BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06978

Reg. Dist. No. 116

1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 mos

Hospital, institution, or street address where death occurred:

no 13 Robson St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 13 Robson St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Gertrude Wynder

3. (b) Social Security Number

4. Sex Female 5. Color or race Col 6.(a) Single, married, widowed, or divorced Widow6.(b) Name of husband or wife Clinton Wynder7. Birth date of deceased (mo., day, yr.) July 29 1893 6.(c) If alive, give age 46 years8. AGE: Years 52 Months 11 Days 8 If less than one day hrs. min.9. Birthplace Church Creek Md
(Town, county, and state)10. Usual occupation House Work

11. Industry or business

12. Name John Cornish
13. Birthplace Church Creek Md14. Maiden name Unknown
15. Birthplace Church Creek Md16. Informant Gleno Wilkins
Address 13 Robson St17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 7-11-46
(month) (day) (year)Cemetery or crematory Bethel Cemetery
Location Cambridge Md18. Funeral director Levin H. Boyerum
Address Cambridge Md19. 7-11-46 (Date rec'd by registrar) John M. Doyle Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1946 at 8 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6, 1946 to July 7, 1946 and that I last saw him/her alive on July 9, 1946Immediate cause of death Metastatic Carcinomatous

DURATION

Due to adenocarcinoma of uterus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. ?

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?23. SIGNATURE J. M. Doyle M. D. or otherAddress Cambridge Md Date signed July 11/46

RECEIVED

JUL 15 1946

BUREAU V S